MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045706
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10946**

FILE NOV 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1	
2	2-23
3	
4	1
5	1
6	
7	0
8	1
9	X
10	
11	000
12	75-3
13	

75

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ / INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

---

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: **St Louis** — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): **City Hospital** — Inside Limits Yes ⊠ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St Louis** — Inside Limits Yes ⊠ No ☐

d. STREET ADDRESS **2850 Shenandoah Ave** — Reside on Farm Yes ☐ No ⊠

3. NAME OF DECEASED (Type or print)
First: **Helen** Middle: **Marie (Kram)** Last: **Latkovich**

4. DATE OF DEATH Month **Nov** Day **3** Year **1963**

5. SEX **Female** **6. COLOR OR RACE** **White** **7.** Married ⊠ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH **6/5/14** **9. AGE (last birthday)** **49** IF UNDER 1 YEAR Months / Days IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Waitress**

10b. KIND OF BUSINESS OR INDUSTRY **Restaurant**

11. BIRTHPLACE (City and state or country) **St Louis Missouri**

12. CITIZEN OF WHAT COUNTRY **US**

13a. FATHER'S NAME **William Empfield**

13b. MOTHER'S MAIDEN NAME **Marie Conway**

14. NAME OF HUSBAND OR WIFE **Cody**

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) **No**

17. INFORMANT **Maxine Doughtery 1411 Silverton Pl Richmond Heights**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Shock: Contrib.cause: Multiple fractures of both lower extremities; suffered when struck by car operated by one, Wendell Weiss, at the intersection of Jefferson & Arsenal St., on Nov.3,1963, at about 1:30 A.M. CRIMINAL CARELESSNESS**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes ☐ No ⊠ Unknown ☐

19. WAS AUTOPSY PERFORMED? YES ⊠ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE **Criminal Carelessness**

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) **See above**

20c. TIME OF INJURY Hour **1:30** a.m./p.m. Month, Day, Year **11-3-63**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ⊠

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **street**

20f. CITY, TOWN, OR LOCATION **St. Louis, Missouri** COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at **1:48 A.**m

22a. SIGNATURE (Degree or title) *Helen L. Taylor, Coroner*

22b. ADDRESS *1300 Clark Ave*

22c. DATE SIGNED *11-5-63* (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **11/6/63**

23c. NAME OF CEMETERY OR CREMATORY **New Picker.. Cemetery**

23d. LOCATION (City, town, or county) **St Louis County Mo**

24. FUNERAL DIRECTOR ADDRESS **Moydell Funeral Home 1926 Allen**

25. DATE RECD. BY LOCAL REG. **NOV 5 1963**

26. REGISTRAR'S SIGNATURE *Carl Smith, M.D.*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _Hadley R Faeller Jr_____
             Signature of Student Embalmer

                                    Licensed Embalmer No. _4950_

                                    P. O. Address _St Louis_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
     If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
     If this body is not embalmed, fact should be so stated above.